

As a below named inventor, I hereby declare that:

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my residence, post office address and citizenship are as stated below under myname;

Docket No:

· I verily believe I	am the original, first and	I sole (if only one name is listed below) or a which is claimed and for which a patent is so	in original, first and joint inventor (if plura
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_METHOD OF FORI	MING A DIFFUSION B	ARRIER ON A METALLIC SUBSTRATE	
described and claimed	d in the specification:		
Check one	attached harata		
h A	attached hereto filed on	as Application	Serial No
I have reviewed	and understand the con	tents of the above-identified specification,	including the claims, as amended by any
amendment referred to		терительный при	moraum g une elamb, ab amended by any
37, Code of Federal F		Office all information known to me to be a certain Title 35, US Code §119, the priority bence hereby claimed:	
	BRITAIN PATENT AP 21 OCTOBER 2002	PPLICATION NO @0224301.2	
	her (a) more than one y	or inventor's certificate on this invention we ear prior to this application, or (b) before to	
	the following as my a nsact all business in the F	attorneys of record with full power of sub Patent Office:	estitution and revocation to prosecute this
	Kirk M Hudson, R Edward P Walker,	, Reg No 27,075; William P Berridge, Reg eg No 27,562; Thomas J Pardini, Reg No Reg No 31,450; Robert A Miller, Reg No Mario A Costantino, Reg No 33,565	30,411; and
		TION WITH THIS APPLICATION SHOWN ANDRIA, VIRGINIA 22320, TELEPHON	
own knowledge are to statements were made or both, under Section	true and that all statemed with the knowledge tha	understand the contents of this Declaration ents made on information and belief are between twillful false statements and the like so ma United States Code and that such willful false.	believed to be true; and further that these de are punishable by fine or imprisonment
Typewritten Full Nam	ne		
of Sole or First Invent		<u>H</u>	SHIPTON
	Given Name	Middle Initial	Family Name
Inventor's Signature			
Date of Signature		4, 9, 03	
Residence	BRISTOL	·	GREAT BRITAIN
Citizenship	City _BRITISH	State or Province	Country
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*If Box a is checked, this form may be executed only when attached to the specification (including claims) at the end thereof. Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

(Discard this page in a sole inventor application)

I	Typewritten Full Nan						
	, 🕫 Joint Inventor	TERENCE	<u>W</u>	<u>MABER</u>			
		Given Name	Middle Initial	Family Name			
	*	Sicil / lallo					
2	Inventor's Signature						
_	m	10000					
3	Date of Signature	10400 2003					
	n. M	PRICTOR					
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i	Typewritten Full Nan	ne					
•	of Joint Inventor	MARTIN	ゴ	DEAKIN			
	0.00	Given Name	Middle Initial	Family Name			
		2/		anniy Mamo			
2	Inventor's Signature	Rul Soll	•				
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	Citizenship						
	Post Office Address						
	1 OST OTHER MUNICSS						

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the applications to which is pertains.